

HISTORY FACILITY PROFILE

EVERGREEN CANYONS PROVIDER #: 465049 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 4600 SOUTH HIGHLAND DRIVE PHONE NUMBER: (801) 272-1892 TOTAL: 100
 SALT LAKE CITY UT 84117 PARTICIPATION DATE: 04/22/1974 CERTIFIED: 100 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/31/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 100			
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TOTAL: 43	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 5	SUSPENSION RESCINDED:	--	-----	--	-----
MEDICAID: 31			100		
OTHER: 7					

CURRENT SURVEY REVISIT DATES - 10/04/2002

PRIOR 3 SURVEY 01/1999	S/S CODE	PRIOR 2 SURVEY 03/2000	S/S CODE	PRIOR 1 SURVEY 05/2001	S/S CODE	CURRENT SURVEY 07/31/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						X C	D	09/29/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
				X	E	X C	D	09/29/2002	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
X	E								REQ F0241-DIGNITY
X	E			X	B				REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
		X	D						REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	G						REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	G	09/29/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	D								REQ F0316-APPROPRIATE TREATMENT FOR INCONTINENT RES
X	E								REQ F0318-RANGE OF MOTION TREATMENT & SERVICES
				X	D	X C	E	09/29/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	E	09/29/2002	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
X	E			X	E				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
		X	D	X	E				REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
				X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
				X	D	X C	E	09/29/2002	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	E	09/29/2002	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT
 SURVEY SURVEY SURVEY SURVEY
 10/1998 03/2000 03/2001 08/01/2002

			X C	09/15/2002
X		X	X C	09/15/2002
	X			
	X			
	X		X C	09/15/2002
	X		X C	09/15/2002
	X	X	X N	
X	X			
X	X		X C	09/15/2002
X				
			X C	09/15/2002
X	X	X	X C	09/15/2002

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE
 K0018-CORRIDOR DOORS
 K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
 K0027-DOORS IN SMOKE PARTITIONS
 K0029-HAZARDOUS AREAS - SEPARATION
 K0038-EXIT ACCESS
 K0050-FIRE DRILLS
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0061-MAIN SPRINKLER CONTROL
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0069-COOKING EQUIPMENT
 K0075-WASTEBASKETS
 K0076-MEDICAL GAS SYSTEM
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	7	6	4	5
HEALTH TOTAL	7	6	4	5
LIFE SAFETY CODE	8	3	9	5
LIFE SAFETY CODE + HEALTH	15	9	13	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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05/17/2001	SUBSTANTIATED
09/05/2001	SUBSTANTIATED
11/28/2001	UNSUBSTANTIATED
05/16/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT